

County Elected Officials Training Incentive Program Training Approval Request Form



Individual/Organization Requesting Approval:

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Contact: _____ Title: _____ County: _____

Attach a copy of the training event agenda or outline showing times and complete the following:

Training Title: _____

Training Date(s): _____ Minutes of Instruction: _____

Vendor: _____

Training Location(s): _____

Training Contact: _____ Phone: _____

Training is intended for:

- ☐ Fiscal Court
- ☐ County Clerk
- ☐ Sheriff
- ☐ Jailer
- ☐ All

Registration fee:

- ☐ Yes
- ☐ No
- ☐ Amount \$_____

Maximum number of
participants: _____

Proof of attendance:

- ☐ Sign-In/Out Sheet(s)
- ☐ Certificate
- ☐ Other

Signature _____ **Date** _____

Complete both sides of this form, sign, and return to Department for Local Government, Division of Local Resources, Training Branch, 1024 Capital Center Driver, Suite 340, Frankfort, KY 40601

Phone: 800-346-5606; 502-573-2382 Fax: 502-573-0175 Website: www.kylocalgov.com

For DLG Use Only

Approved _____ Date _____ Hours Allowed _____

Denied _____ Date _____ Reason _____

**County Elected Officials
Training Incentive Program
Training Approval Request Form
Side Two**

Training Title: _____

Training Date(s): _____

Describe the learning objectives and how the content pertains to improving job knowledge or skills of the local elected official:

List Trainer(s): _____

Trainer(s) Qualifications: _____

Describe the materials to be provided to trainees: _____

This training is a requirement for:

- ☐ Fiscal Court
- ☐ County Clerk
- ☐ Sheriff
- ☐ Jailer
- ☐ All

List KRS, KAR, or other cite:

Has this training been specifically designed for Kentucky's county elected officials? _____

For DLG Use Only (Date and initial)

Date Application Received _____

- Initial Information Recorded TW Database _____
- Course # Assigned _____
- Class Date(s) Recorded TW Database _____
- IVR Phone Recording # _____
- Assigned Database Mailbox # _____
- Applicant Notified _____
- Shared with KCADD/KACo/KCJEA/KCMCA/KJA/KCCA/KSA/DLG staff _____

